LEGISLATION SPOTLIGHT:
IMPROVING ACCESS TO MENTAL HEALTH CARE
California ACEP
Board of Directors &
Lifeline Editors Roster

2018-19 Board of Directors
Chi Perlroth, MD, FACEP, President
Vivian Reyes, MD, FACEP, President-Elect
Vikant Gulati, MD, FACEP, Vice President
Sujal Mandavia, MD, FACEP, Treasurer
Lori Winston, MD, FACEP, Secretary
Aimee Moulin, MD, FACEP, Immediate Past President
Harrison Alter, MD, FACEP (At-Large)
Reb Close, MD, FACEP
John Coburn, MD, FACEP
Carrieann Drenten, MD, FACEP
Jorge Fernandez, MD
Michael Gertz, MD, FACEP
Doug Gibson, MD, FACEP
John Ludlow, MD, MBA, FACEP
Mitesh Patel, MD, MBA, FACHE, CPE
Hunter Pattison, MD (CAL/EMRA President)
Melanie Stanzer, DO
Patrick Um, MD, FACEP, FAAEM

Advocacy Fellowship
Carrieann Drenten, MD, FACEP, Advocacy Fellowship Director
Sam Jeppsen, MD, Advocacy Fellow

Lifeline Medical Editor
Richard Obler, MD, FACEP, Medical Editor

Lifeline Staff Editors
Elena Lopez-Gusman, Executive Director
Kelsey McQuaid-Craig, MPA, Director of Policy and Programs
Lucia Romo, Membership and Education Coordinator
Lauren Brown, Government Affairs Associate
Meri Thresher, Administrative Assistant

MARCH 2019
Index of Advertisers

Emergency Medical Specialists of Orange County Page 14

Independent Emergency Physicians Consortium Page 9

Mission Hospital Page 14

Philip Fagan, MD Page 14

St. Jude Page 14

Ventura Emergency Physicians Page 14

Vituity Page 11
WELCOME new members!

Jose Antonio Acosta  
Nader Badri  
Arjun Banerjee  
Davindeep Brar  
Scott D. Casey  
Keona Childs, MD  
Harshika Chowdhary, MD  
Kristel Rae Choy, MD  
Julie Clemmensen  
Christina Dolores

Stefan Dylewski, MD  
Alec Emerling, MD  
Pia Galindo, DO  
Ethan Alonso Gerdts  
Julia Cheree Giacopuzzi  
Radhika Gulhar  
Elaine Y. Hsiang  
Hardeep Hunjan, DO  
Samuel Kaplan, MD  
Annie Anran Ma

Madeline Kong Mori  
Matthew Nottingham, MD  
Rawad Rayes  
Zachary Michael Reichert, MD  
Mark Benjamin Ringer, MD  
Dakota Breanne Ruiz  
Keneth Kwame Sarpong  
Ryan Tenold, DO  
Daryn Towle, MD  
Kadia Wormley, MD

Central Coast Emergency Physicians  
Emergency Medicine Specialists of Orange County  
Emergent Medical Associates  
Front Line Emergency Care Specialists

Loma Linda Emergency Physicians  
Napa Valley Emergency Medical Group  
Newport Emergency Medical Group, Inc at Hoag Hospital  
Pacific Emergency Providers, APC

Tri-City Emergency Medical Group  
University of California, Irvine Medical Center Emergency Physicians
Whether you are a medical student, a resident, or a physician nearing retirement, California ACEP’s annual LLC is your chance to lobby elected officials on the issues facing emergency medicine. You don’t have to be an expert on the legislative process; our daily experiences reflect the impact that policy has on patient care. It’s as easy as telling a story from your last shift.

The advocating that California ACEP members do each year at LLC on behalf of emergency medicine is truly impactful. This year’s LLC is more important than ever.

When Governor Gavin Newsom released his proposed budget in January, his first priorities listed numerous changes to healthcare in the State including, expanding Medi-Cal to cover young undocumented immigrants, lowering prescription drug costs, and requiring consumers in California to carry health insurance.

Budget negotiations and bill introductions are in full swing as I write this. While we are still waiting to see what bills will most need our attention and discussion with legislators/staff by the time of the LLC, our sponsored bills on applying EMTALA to psychiatric hospitals and funding certified drug and alcohol counselors in the emergency department will be part of the discussion.

With a history of stellar LLC programs and the most robust advocacy program of any medical specialty society in California, California ACEP’s 2019 LLC promises to be another exceptional day headlined by healthcare experts. The program will start at 9:30 am and will continue through the morning with an array of speakers and advocacy trainings to develop the skills necessary to partake in the afternoon meetings with legislators. Attendees will break for a free lunch, provided by California ACEP, to meet with peers prior to participating in legislative meetings at the Capitol.

California ACEP staff will arrange legislative meetings on your behalf and will provide you with information on important legislation to prepare you. Don’t worry if you’ve never attended LLC before. There will be an experienced member with you at every meeting.

Each year I have attended LLC, I feel humbled, appreciative, and lucky that I have direct access to my legislators and their staff, and they are willing to listen to what I have to say. Walking up and down the halls of the State Capitol with my peers, I feel grateful for the opportunity to tell my legislators the story of how various bills will affect my ability to practice Emergency Medicine and to take care of my patients and community. Seeing the lightbulb turn on when my Legislator truly hears my stories and understands the impact of the bills he or she will be voting on, I feel emboldened by the democratic process, again.

Please visit https://californiaacep.org/event/LLC2019 to register.

Following the afternoon of meetings at the Capitol, you are invited to attend a free reception hosted by California ACEP at a convenient location near the Capitol, to discuss your experiences and just enjoy some time with your colleagues from all over the state. Grab a colleague and come advocate with us! I look forward to seeing you there!
Improving psychiatric care has been a priority for the Chapter, especially since 2015 when the Chapter joined with the California Hospital Association (CHA) and the California Psychiatric Association (CPA) to co-sponsor AB 1300 (Ridley-Thomas). AB 1300 sought to make a wide array of positive reforms to the Lanterman-Petris-Short (LPS) Act, but was defeated in 2016.
Out of its defeat came a productive series of stakeholder discussions that allowed us to find common ground with other organizations interested in improving mental health care. Those meetings led to the passage of Chapter-sponsored legislation that made it easier to share patient records in a mental health emergency, legislation that clarified patients voluntarily seeking treatment for a mental health emergency do not need to be placed on a 5150 hold as a condition of transfer, and legislation that clarifies a copy of a 5150 application is valid.

Building on our efforts over the last 4 years, in 2019 the Chapter is sponsoring: AB 451 by Assembly Member Joaquin Arambula, MD and AB 774 by Assembly Member Eloise Reyes.

**AB 451 (Arambula)**

**Emergency Mental Healthcare Access**

AB 451 is the reintroduction of our 2017-18 sponsored legislation, by the same number, that was defeated in 2018.

As you know after an evaluation by an emergency physician, and treatment of any other emergency medical conditions, some patients need additional psychiatric services not available at that hospital and require transfer by ambulance to a psychiatric hospital to receive a higher level of additional mental health care. Unfortunately, patients encounter several barriers to getting this care. AB 451 seeks to remove those barriers.

Chapter members report that psychiatric hospitals routinely ask for the insurance status of a patient before determining if they will accept the transfer, even though this violates current law. Similar to EMTALA, California law prohibits patient dumping and ensures that everyone who comes to an emergency department (ED) is treated for their emergency medical condition, regardless of their ability to pay. Because not all hospitals have the capability – due to lack of available specialists or capacity - to treat every condition, this law also requires hospitals to accept transfers of patients with emergency conditions from another hospital. Hospitals are expected to accept an appropriate transfer of an unstable patient and cannot ask about payment until the patient is both medically and psychiatrically stabilized. AB 451 ensures that standalone acute psychiatric hospitals cannot avoid this requirement and prohibits financially screening patients before accepting them.

**AB 774 (Reyes)**

**Tracking Psychiatric Patient Boarding**

The practice of psychiatric boarding is astoundingly common. A 2016 survey of emergency department physicians nationwide reported that psychiatric boarding occurs at least weekly in 84% of facilities and daily in 48% of facilities. This practice is problematic both for the patient with psychiatric illness and for the community at large.

Despite the prevalence and the known risks associated with psychiatric boarding, there is limited California-specific data available about psychiatric boarding frequency and wait times. Hospitals are currently required to report a series of data points to the Office of Statewide Health Planning and Development (OSHPD) about ED visits. AB 774 would require the reporting of more precise boarding times for all patients to OSHPD, in order to develop a better understanding of the scope of the problem.

At the time this article was written, AB 451 (Arambula) and AB 774 (Reyes) were awaiting their first committee hearings. Staff is meeting with stakeholders in an effort to move both bills through the legislative process.

California ACEP continues to monitor and review legislation throughout the year as bills are amended. The Chapter will keep you up to date on AB 451 (Arambula), AB 774 (Reyes), and other important legislation impacting emergency physicians during the 2019-20 Legislative Session.
In Medicine we have the best of intentions, but we often don’t have the experience or the training to understand disability, the culture, or the language. I never got any training on caring for people with disabilities during medical school or residency. This is a neglected topic in Emergency Medicine broadly, and more specifically it is frequently left out of conversations about diversity. Obviously, I care about my daughter, and I care about the quality of care we are providing to all people with disabilities. I know that we can do better.

In order to do better, we need to first think about our paradigm around disability. What is disability, and how do we approach it or understand it? The World Health Organization states: “Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives” (1). This definition is helpful because it emphasizes the importance of the society in which we live as a contributing factor to the experience of disability.

Another name for this framework is the Social Model of Disability, which states that disability is caused by the way society is organized, rather than by an individual’s impairments or differences. In contrast, the Medical Model of Disability, which is the one we are more often familiar with, posits that people are disabled by their impairments and differences and that those differences should be “fixed” by medical interventions. It looks at what is “wrong” with the person, and not what the person needs. If we utilize the social model, we open our eyes to thinking about our society, our structures and our systems, and how they can be modified to be more inclusive for people with disabilities.

Why does this matter? We as medical professionals are operating within a set of cultural values that discriminate in favor of able-bodied people. This is ableism, and it is all around us. You can see it on Twitter by searching for #ableismexists. Peter Dinklage, the star of Game of Thrones, has described jokes about people with dwarfism as “one of the last bastions of acceptable prejudice.” President Trump made fun of a reporter with a disability to little consequence. After Stephen Hawking’s death, the articles published about his life and his work were classic examples of ableism.

Disability is common. It affects approximately 15% of the world’s population, or over one billion people (2). Our ableism, bias, and assumptions all have a real and lasting impact on this substantial...
patient population. Patients with disabilities experience poor access to care, and poor health outcomes when compared with the general population (3,4). Many argue that patients with disabilities should be considered an underrepresented group when it comes to healthcare (5).

Moreover, studies also show a significant discrepancy between patients and physicians when it comes to quality of life assessments (6). We as physicians make judgments on the quality of life of our patients with disabilities using the medical model, thinking about their impairments and differences and focusing on their time in the hospital, rather than thinking about the whole picture, with the social model as our lens. Quality of life is not determined in the hospital; quality of life is determined in the home.

So how do we move forward? What can we do to make real and lasting change in the experience for patients with disabilities in the healthcare system? We have a long way to go, but we can take steps in the right direction.

First, change your mindset. Adopt the social model of disability. Learn about disability culture and values, and think about how you can help people with disabilities be more independent and equal in society.

Second, change your language. Much of the language we currently use regarding disability is fraught with negativity and bias. Words have power, and by paying attention to our language we can show our patients with disabilities that we value them. Traditional teaching advocates using person-first language when speaking about disability. Using person-first language you would state that my daughter is a child with a disability, not a disabled child. However, it is worth noting that many in the disability community feel that their disability is an inextricable part of who they are, and for that reason prefer identity-first language. Using identity-first language you would state that a child is autistic, rather than the child has autism. When in doubt, it is best to ask the person which language they prefer. For other terms, there is consensus that the language we currently use needs to change. Eliza has spina bifida; she does not suffer from spina bifida. She uses an accessible restroom; she does not use a handicapped restroom. She uses a wheelchair; she is not wheelchair-bound. Her wheelchair is an important tool that enables her freedom and independence.

Finally, include disability in the conversation. Don’t talk about diversity in your department, whether in your patient population or in your staff, without including disability. Advocate for patients with disabilities in your department and your community, whether that means ensuring access to sign language interpreters or ensuring transport after hours for wheelchair users. Advocate for physicians with disabilities to be included within Emergency Medicine. Educate yourself, your residents, your medical students, and your nursing staff so that your patients with disabilities can feel confident that they are being cared for by a community of healthcare providers who are informed and want to provide equitable care.

When you know better, you do better. Eliza is counting on us.

REFERENCES
1. World Health Organization.

This article was originally published on FemInEM on December 17, 2018. Read more at www.feminem.org.
We want you to run for the California ACEP Board of Directors!

Nominations are open February 1st through March 15th at www.californiaacep.org
Vituity's programs for career growth are here to illuminate and support your path forward. Our Fellowships are immersive programs that have launched the careers of industry leaders. And, our Innovation Grants nurture fresh ideas and implement them across Vituity sites nationally.

These and other Vituity programs can help you follow your passion—and achieve a personally meaningful career. Learn more at go.vituity.com/EMgrowth
The California Emergency Medicine Advocacy Fund (CEMAF) has transformed California ACEP’s advocacy efforts from primarily legislative to robust efforts in the legislative, regulatory, legal, and through the Emergency Medical Political Action Committee, political arenas. Few, if any, organization of our size can boast of an advocacy program like California ACEP’s; a program that has helped block Medi-Cal provider rate cuts, lock in $500 million for the Maddy EMS Fund over the next 10 years, and fight for ED overcrowding solutions! The efforts could not be sustained without the generous support from the groups listed below, some of whom have donated as much as $0.25 per chart to ensure that California ACEP can fight on your behalf. Thank you to our 2017-18 contributors (in alphabetical order):

- Alvarado Emergency Medical Associates
- Antelope Valley Emergency Medical Associates
- Beach Emergency Medical Associates
- Chino Emergency Medical Associates
- Coastline Emergency Physicians Medical Group
- Culver Emergency Medical Group
- Hollywood Presbyterian Emergency Medical Associates
- Las Cruces Emergency Medical Associates
- Los Alamos Emergency Medical Associates
- Mills Peninsula Emergency Medical Group
- Orange County Emergency Medical Associates
- Pacific Coast Emergency Medical Associates
- Riverside Emergency Physicians
- San Dimas Emergency Medical Associates
- Sherman Oaks Emergency Medical Associates
- South Coast Emergency Medical Group, Inc.
- Tarzana Emergency Medical Associates
- TeamHealth
- Temecula Valley Emergency Physicians, Inc.
- US Acute Care Solutions
- Valley Emergency Medical Associates
- Valley Presbyterian Emergency Medical Associates
- Vikant Gulati, MD
- Vitiity
- West Hills Emergency Medical Associates

SAVE THE DATE

Legislative Leadership Conference (LLC)
April 23, 2019 | Sacramento, California

AdvancED 2019
September 20, 2019 | Garden Grove, California

SUBMIT A LIFELINE ARTICLE

Looking for a way to share your emergency medicine experience? Want to share a story from your last shift? Or maybe career or life advice? We’re looking for member and guest articles, including letters-to-the-editor. Please note that all articles and letters are reviewed and may be edited for grammar and content.

If you would like more information or would like to submit a guest article, email info@californiaacep.org.
For more information on upcoming meetings, please e-mail us at info@californiaacep.org; unless otherwise noted, all meetings are held via conference call.

### MARCH 2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th at 11 AM</td>
<td>Government Affairs Subcommittee #1 Conference Call</td>
</tr>
<tr>
<td>7th at 1 PM</td>
<td>Government Affairs Subcommittee #2 Conference Call</td>
</tr>
<tr>
<td>7th at 3 PM</td>
<td>Government Affairs Subcommittee #3 Conference Call</td>
</tr>
<tr>
<td>8th at 12:30 PM</td>
<td>AdvancED 2019 Planning Work Group Conference Call</td>
</tr>
<tr>
<td>14th at 2 PM</td>
<td>Government Affairs Committee (GAC) Conference Call</td>
</tr>
<tr>
<td>15th</td>
<td>Board of Directors Nominations Close Online</td>
</tr>
<tr>
<td>15th</td>
<td>CMA Council on Legislation Sacramento, CA</td>
</tr>
</tbody>
</table>

### APRIL 2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th – 21st</td>
<td>California Legislature: Spring Recess</td>
</tr>
<tr>
<td>23rd at 9 AM</td>
<td>Legislative Leadership Conference (LLC) Sacramento, CA</td>
</tr>
<tr>
<td>24th at 9 AM</td>
<td>Board of Directors Meeting Sacramento, CA</td>
</tr>
<tr>
<td>24th</td>
<td>CMA Legislative Advocacy Day Sacramento, CA</td>
</tr>
</tbody>
</table>

### MAY 2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th – 8th</td>
<td>ACEP Leadership and Advocacy Conference Washington, DC</td>
</tr>
<tr>
<td>14th at 9am</td>
<td>Reimbursement Committee Conference Call</td>
</tr>
<tr>
<td>15th – 31st</td>
<td>Board of Director Elections Online</td>
</tr>
<tr>
<td>16th at 10am</td>
<td>Government Affairs Committee (GAC) Conference Call</td>
</tr>
<tr>
<td>27th</td>
<td>Memorial Day – Chapter Office Closed</td>
</tr>
</tbody>
</table>
FULLERTON, CALIFORNIA: Join our ED team in beautiful north OC at St Jude Med Center. Our 36 bed ED serves >70K pts/yr with 54-60 hrs MD, 44 hrs PA and 100% scribe coverage per day, 9-10 hr shifts. We have held this stable contract for >36 years, have excellent back-up, 24hr in house Critical Care, OB, neonatologist and hospitalists. We are a STEMI receiving center, “Advanced Comprehensive Stroke Center” and provide excellent compensation with night differential. Partnership track negotiable. EM BC/BE mandatory.
Send CV to kohparker@gmail.com

SOUTHERN CALIFORNIA OPPORTUNITIES:
- Tustin, CA - Orange County - 73-bed community hospital, 8-bed ER, paramedic receiving, low volume. 10 x 24hr = $240,000/yr + incentive
- East Los Angeles - 120-bed community hospital urgent care (non paramedic receiving) volume 700/mo. Guarantee $100/hr.
- Norwalk, CA - 60-bed hospital. 500-600 patient/mo. Paramedic receiving. $110/hr.
- San Fernando Valley - 18000 visits $350000 per year with incentives Med surg with psyche beds. Overlap or NP or PA for busy times.
- HOSPITALIST OPENINGS ALSO AVAILABLE
FAX CV to 213 482 0577 or call 213 482 0588 or email neubauerjanice@gmail.com

SOUTHERN CALIFORNIA – ORANGE COUNTY: Positions available for full and part time BC/BE EM and Peds EM physicians. Partnership track is available for full time physicians. We are a stable, democratic group established in 1976 serving two best in class hospitals. St. Joseph Hospital is a STEMI center and Stroke Center with 80,000 visits per year. CHOC Children’s Hospital is a Level II trauma center, tertiary referral center and teaching hospital (several residency and fellowship rotations) with 80,000 visits per year. Excellent call panel coverage, excellent compensation, malpractice and tail coverage, and scribe coverage. Sign on bonus for full time hires.
Email CV and references to EMSOC@emsoc.net, fax to 714-543-8914

SOUTH ORANGE COUNTY: Mission Hospital and Children’s Hospital at Mission, a CMS 5-Star rated full service hospital. We are an established, independent, democratic group staffing this ED for 22 years. Excellent compensation; malpractice paid; scribes; midlevel providers.
We seek an EM residency trained physician for a partnership track. Excellent coverage and midlevel provider support allow for high job satisfaction. UC Irvine EM residents on rotation allow for teaching opportunities. Two full-time, dedicated nocturnists work 6 nights a week. All other physicians average 6 overnight shifts per year!
The department serves both a pediatric and adult base station hospital serving all of south OC. High acuity, 70,000 patients a year, comprehensive referral center, outstanding adult and pediatric sub specialty coverage, adult and pediatric trauma center, STEMI Center, and Stroke Center.
Send CV to: MaryAnn.Hubbard@StJoe.org

VENTURA CALIFORNIA: New hospital under construction and scheduled to open in the Spring of 2018. Central coast of California and 70 miles from LAX. Positions available in two facilities for BC/BE emergency physician. STEMI Center, Stroke Center with on-call coverage of all specialties. Teaching facility with residents in Family Practice, Surgery, Orthopedics and Internal Medicine. Admitting hospital teams for Medicine and Pediatrics. Twenty-four hour OB coverage in house and a well established NICU. Physician’s shifts are 9 hrs and 12 hours of PA/NP coverage. All shifts and providers have scribe services 24/7. Affiliated hospital is a smaller rural facility 20 minutes from Ventura in Ojai. Malpractice and tail coverage is provided. New hires will work days, nights, weekends and weekdays.
Send resume to Alex Kowblansky MD FACEP at kowblansky@cox.net
Looking for an ITLS course?
EMREF offers the following California providers list:

American Health Education, Inc
Perry Hockey, EMT-P
7300B Amador Plaza Road, Dublin, CA 94568
Phone: (800) 483-3615
Email: info@americanhealtheducation.com
Web: www.americanhealtheducation.com

American Medical Response (AMR)
Ken Bradford, Operations
841 Latour Court, Ste D, Napa, CA 94558-6250
Phone: (707) 953-5795
Email: ken.bradford2@gmail.com

Compliance Training
Jason Manning, EMS Course Coordinator
3188 Verde Robles Drive, Camino, CA 95709
Phone: (916) 429-5895
Fax: (916) 256-4301
Email: Kurgan911@comcast.net
Web: www.comlaw.net

CSUS Prehospital Education Program
Thomas Oakes, Program Director
3000 State University Drive East, Napa Hall, Sacramento, CA 95819-6103
Office: (916) 278-4846
Mobile: (916) 316-7388
Email: thomasffp@sbcglobal.net
Web: www.cce.csus.edu

EM REF is a proud sponsor of California ITLS courses.

EMS Academy
Nancy Black, RN, Course Coordinator
1170 Foster City Blvd #107, Foster City, CA 94404
Phone: (866) 577-9197
Fax: (650) 701-1968
Email: nancy@caems-academy.com
Web: www.caems-academy.com

E T S – Emergency Training Services
Mike Thomas, Course Coordinator
3050 Paul Street Road, Santa Cruz, CA 95065
Phone: (831) 476-8813
Toll-Free: (800) 700-8444
Fax: (831) 477-4914
Email: mthomas@emergencytraining.com
Web: www.emergencytraining.com

Loma Linda University Medical Center
Lyne Jones, Administrative Assistant
Department of Emergency Medicine
11234 Anderson St., A108, Loma Linda, CA 92354
Phone: (909) 558-4344 x 0
Fax: (909) 558-0102
Email: L.Jones@llhs.llumc.edu
Web: www.llu.edu

Medic Ambulance
James Person, EMT-P
506 Couch Street, Vallejo, CA 94590-2408
Phone: (707) 644-1761
Fax: (707) 644-1784
Email: jperson@medicambulance.net
Web: www.medicambulance.net

Napa Valley College
Gregory Rose, EMS Co-Director
2277 Napa Highway, Napa CA 94558
Phone: (707) 256-4596
Email: grose@napavalley.edu
Web: www.napavalley.edu

N C T I – National College of Technical Instruction
Lena Rothebaug, Course Manager
333 Sunrise Ave Suite 500, Roseville, CA 95661
Phone: (916) 960-6284 x 105
Fax: (916) 960-6296
Email: jrothebaug@caltel.com
Web: www.ncti-online.com

P H I Air Medical, California
Eric Lewis, Course Coordinator
801 D Airport Way, Modesto, CA 95354
Phone: (209) 550-0884
Fax: (209) 550-0885
Email: elewis@philhelico.com
Web: http://www.phiairmedical.com

Riggs Ambulance Service
Greg Petersen, EMT-P, Clinical Care Coordinator
100 Riggs Ave, Merced, CA 95340
Phone: (209) 725-7010
Fax: (209) 725-7044
Email: Gregp@riggsambulance.com
Web: www.riggsambulance.com

Rocklin Fire Department
Chris Wade, Firefighter/Paramedic
3401 Crest Drive, Rocklin, CA 95765
Phone: (916) 625-5311
Fax: (916) 725-7044
Email: Chris.Wade@rocklin.ca.us
Web: www.rocklin.ca.us

Rural Metro Ambulance
Brian Green, EMT-P
1345 Vander Way, San Jose, CA 95112
Phone: (408) 645-7345
Fax: (408) 275-6744
Email: brian.green@rmetro.com
Web: www.metro.com

Defib This (ERT)
Brian Green, EMT-P
1543 Pacific Avenue, Suite 104, Capitol CA 95060
Phone: (831) 426-9111
Web: www.defibthis.com

Verihealth/Falck Northern California
Ken Bradford, Training Coordinator
2190 South McDowell Blvd, Petaluma, CA 94954
Phone: (707) 766-2400
Email: ken.bradford@falck.com
Web: www.verihealth.com

Search for upcoming courses: http://cms.itrauma.org/CourseSearch.aspx

If you are an EMS Director and would like to provide chest, head shock-injury training to your team, contact California ACEP to get started!

ITLS is the only pre-hospital trauma program endorsed by ACEP, since 1986, and is accepted internationally as the standard training course for pre-hospital trauma care.

Please call 916.325.5455 or E-mail Lucia Romo: lromo@californiaacep.org for more information.
30 YEARS OF

LEGISLATIVE LEADERSHIP CONFERENCE

APRIL 23, 2019
SACRAMENTO